

FILED APR 2 1946

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **JACKSON**
 (b) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1317 BELLEVUE AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: in hospital or institution _____
 (Specify whether
 In this community **35 YEARS** years, months or days)

3. (a) PRINT FULL NAME **MRS. MAYME NEBEL**3. (b) If veteran, name was **NO** 3. (c) Social Security No. **NONE**4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**6. (b) Name of husband or wife **MR. ANDREW NEBEL** 6. (c) Age of husband or wife if alive **77** years7. Birth date of deceased **MARCH 7 1872**
(Month) (Day) (Year)8. AGE: Years **74** Months **0** Days **15** If less than one day _____ hr. _____ min.9. Birthplace **CLINTON, MISSOURI**
(City, town, or county) (State or foreign country)10. Usual occupation **AT HOME**11. Industry or business **HOUSEWIFE**

MOTHER FATHER {
 12. Name **SPRANK**
 13. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)
 14. Maiden name **CLARA MATRO**
 15. Birthplace **UNKNOWN** 11
 (City, town, or county) (State or foreign country)

16. (a) Informant **MR. ANDREW NEBEL**(b) Address **1317 BELLEVUE AVENUE**17. (a) **BURIAL** (b) Date thereof **MAR. 25 1946**
(Burial, cremation, or removal) (City or town) (County) (State) (Year)(c) Place: burial or cremation **CLINTON, MISSOURI**18. (a) Signature of funeral director **W. H. Newcomer, Sr.**(b) Address **1401 BRUSH CREEK BLVD.**19. (a) **3-23-46** (b) **Stroedine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **JACKSON 48**
 (c) City or town **1317 BELLEVUE AVENUE**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **KANSAS CITY**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **22nd**
year **1946** hour **6** minute **05 P.M.**21. I hereby certify that I attended the deceased from **Feb 11** 19**46** to **Mar 22** 19**46**
that I last saw him alive on **Mar 3 - 22 - 46** 19**46**
and that death occurred on the date and hour stated above.Immediate cause of death **Myocardial Infarction** Duration **1 hr.**
Heart DiseaseDue to **Hypertension** **10 yrs**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy **932**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury **M.D.**23. Signature **Stroedine Holmes** (M. D. or other) **M.D.**
Address **1401 BRUSH CREEK BLVD.** Date signed **3-23-46**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. C. Newcomer Jr.*

Licensed Embalmer No..... *4123*

P. O. Address..... *A. C. Ms.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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21-40
K22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1395

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
If outside city or town limits, write "RURAL" and name of township
 (c) Name of hospital or institution: 1317 Bellview
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Mayme Nebel

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... 5. Color or race..... 6. (a) Single, widowed, married, divorced.....
 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {
 12. Name John Frank
 13. Birthplace..... (City, town, or county) (State or foreign country)
 14. Maiden name Clara Matrat
 15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a) 3-23-46 (b) Meraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
 (c) City or town.....
(If outside city or town limits write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) If foreign born, how long in U.S.A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... day..... year..... hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

Duration.....
 PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

9586